



STATE OF WASHINGTON  
**SEASONAL CHANGE  
APPLICATION**

Recd CK #15018  
\$50-  
12-15-11  
mc

☐ GROUND WATER ☒ SURFACE WATER (OFFICIAL USE)WRIA\_\_\_\_\_

**A NON-REFUNDABLE \$50.00 FILING FEE PAYABLE TO THE DEPARTMENT OF ECOLOGY  
MUST ACCOMPANY THIS APPLICATION**

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY IN INK)\*\***

**1. APPLICANT INFORMATION:**

APPLICANT/BUSINESS NAME <b>Jaspinder S. &amp; Sharnjit K. Mann</b>	PHONE NUMBER <b>(360) 441-1907</b>	FAX NUMBER <b>(360) 354-8952</b>
ADDRESS <b>976 E. Pole Road</b>		
CITY <b>Everson</b>	STATE <b>WA</b>	ZIP CODE <b>98247</b>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <b>Lesa Starkenburg-Kroontje</b>	PHONE NUMBER <b>(360) 354-7822</b>	FAX NUMBER <b>(360) 354-6929</b>
ADDRESS <b>P.O. Box 231</b>		
CITY <b>Lynden</b>	STATE <b>WA</b>	ZIP CODE <b>98264</b>

**2. WATER RIGHT INFORMATION: (One water right per application)**

WATER RIGHT OR CLAIM NUMBER <b>SWC 05183 (S1-11131CWRIS)</b>	RECORDED NAME(S) <b>Norman Beukelman</b>
DO YOU HOLD LEGAL TITLE TO THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME: <b>Howard Top</b>	

**3. POINT(S) OF DIVERSION/WITHDRAWAL:**

**A. EXISTING**

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Kamm Creek	1	NE	SE	20	40	03E	400320 495365 0000	

**B. PROPOSED**

SOURCE	#	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Kamm Creek	1	SE	NE	20	40	03E	400320 495365 0000	

DO YOU OWN THE EXISTING AND/OR PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?  
EXISTING ☐ YES ☒ NO PROPOSED ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME: **Howard Top** Diversion points are located on property owned by Howard Top.

Cert #05183

CS1-#11131C

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner for the above point(s) of diversion/withdrawal, please include an attachment.*





#### 4. PLACE OF USE:

##### A. EXISTING

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:						
WHATCOM PARCEL: 400320495365 (OWNER: HOWARD TOP)						
(legal description attached)						
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	TOTAL # OF IRRIGATED ACRES
		20	40	03E	WHATCOM	24
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:						
HOWARD TOP						

##### B. PROPOSED

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PROPOSED TO BE USED:						
Whatcom Parcels: 400320495365 (OWNER: TOP)						
400320540230 (OWNER: MANN)						
(legal descriptions attached)						
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	TOTAL # OF IRRIGATED ACRES
		20	40	03E	WHATCOM	24
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:						
HOWARD TOP						

Attach a detailed map of your proposed seasonal change. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. Also, for irrigation purposes, you must indicate on the map those lands that will not be irrigated within the original place of use.

ARE THERE ANY PENDING APPLICATIONS, WATER RIGHTS OR CLAIMS RELATED TO THE SAME PROPERTY AS THE ONE PROPOSED FOR CHANGE? ☐ YES ☒ NO - IF YES, PROVIDE THE NUMBER(S):


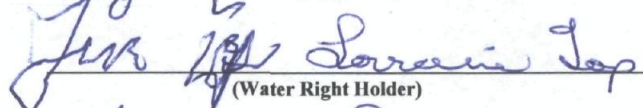


Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. This may be included in your irrigation plan.

#### 5. REMARKS AND OTHER RELEVANT INFORMATION:

Those areas within the CREP buffer and Kamm Creek will not be irrigated. No more than 24 acres will be irrigated within the proposed place of use.
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#### 6. SIGNATURES:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

 (Applicant)	11 / 28 / 11 (Date)
 (Water Right Holder)	11 / 28 / 11 (Date)
 (Land Owner(s) of Existing Place of Use)	11 / 28 / 11 (Date)
 (Applicant)	11 / 28 / 11 (Date)

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.